

**Columbus Recreation and Parks
Therapeutic Recreation
Summer of Fun and Adventure Day Camp 2004
Registration Form**

For Department Use only							
1	2	3	4	5	6	7	8
D/O		P/U		Trans			

Please complete this form as thoroughly as possible and return it with **payment** and/or request for PLAY application to:
Therapeutic Recreation, Columbus Recreation and Parks Dept., 420 W. Whittier St., Columbus, OH 43215. Registration
begins March 14, 2005

One for each camper must be on file for camper to participate in camp

I. Camper Information

Cell Phone: _____
 Camper First Name: _____ Last Name: _____ Home Phone: _____
 Parent/Guardian: _____ Work Phone: _____
 Address: _____ City: _____ Zip Code: _____
 Male: ___ Female: ___ Date of Birth: _____ Age: _____ Current Grade: _____ School ID # _____
 Email Address: _____

II. Emergency Contact Information

Name: _____ Name: _____
 Address: _____ Address: _____
 Day Phone: _____ Day Phone: _____
 Relationship: _____ Relationship: _____

**III. Camp and Session(s) Attending (please Check (✓) the camp and sessions you wish to attend)
Please check early drop and/or late pick up if you are using this service**

Camp	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Total Cost
	June 20- June 24	June 27- July 1	July 5- July 8	July 11- July 15	July 18- July 22	July 25- July 29	Aug 1- Aug 5	Aug 8- Aug 12	
Schiller Cost \$69 Cost \$55 for Week 3									
Early Drop off \$10.00									
Late Pick Up \$20.00									
Franklin Park Cost \$69 Cost \$55 for Week 3									

Please indicate payment method: Cash/Check _____ P.L.A.Y. _____ 3rd Party payer _____ Agency Name _____

IV. Medical Information

Physician and/or Clinic: Name: _____
 Phone Number: _____
 Dentist and/or Dental Clinic: Name: _____
 Phone Number: _____

Please circle all that apply to participant:

Allergies (see below) Ear Tubes Scoliosis
 Arthritis Glasses Seizures
 Atlanoaxial Subluxation Hearing Aides Shunt

OVER→→→

Catheter
Diabetes

Heart Condition
Hepatitis Carrier

Tracheotomy
Other: _____

V. Disabling Condition

To assist in ensuring proper staffing and safety, please identify the participants disabling condition. Circle all that apply to the participant and/or write in any disabling conditions or special instructions below.

Arthritis

Autism

Learning Disability

Downs Syndrome

Attention Deficit Disorder

Spina Bifida

Severe MR/DD

Severe Behavior Disorder

Spinal Cord Injury

Moderate MR/DD

Mild MR/DD

Mental Illness

Vision Impaired

Hearing Impaired

Head Injury

Multiple Sclerosis

Cerebral Palsy

Muscular Dystrophy

Other: _____

Please provide specific information for any medical condition we should be aware of (Allergies, Activity Restrictions, etc.) _____

Does participant walk independently? Yes _____ No _____ If no, what assistance is needed? _____

Does participant dress independently? Yes _____ No _____ If no, what assistance is needed? _____

Does participant communicate through speech? Yes _____ No _____ If no, what type of communication is used? _____

Does participant bathroom/toilet independently? Yes _____ No _____ If no, what assistance is needed? _____

Medication Policy: Columbus Recreation and Parks Department staff shall not **administer** medication to participants in their programs. All medication taken by participant shall be self administered, and no participant on medication shall be registered in the program unless the person is capable of taking his/her own medications, or parent/guardian is available to administer the medication. Recreation staff may (1) Remind a participant to take medication and ensure directions on the container are followed, (2) Assist participant by taking the medication from the locked storage area and hand it to the participant, and (3) Assist participant with a physical disability in removing the medication, assist in consumption, upon request by or with the consent of the participant(s) parent/guardian.

Please identify type, dosage, and time all medication participant is currently taking.

Medication:	Name	Dosage	Frequency
1.	_____	_____	_____
2.	_____	_____	_____

V. Participant/Parent/Guardian Release

As a participant, or as a parent/guardian of the participant in this program, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss resulting from participation in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my son/daughter's participation in the program, against Columbus Recreation and Parks Department, City of Columbus, and agents, employees and volunteers. I do hereby fully release and discharge the Columbus Recreation and Parks Department, City of Columbus, and agents, employees and volunteers for any and all claims from injuries, damage, or loss which I have or which may occur to me on account of my son/daughter's participation in program. I further agree to protect, defend, and hold harmless the Columbus Recreation and Parks Department, City of Columbus, agents, employees and volunteers from any and all claims resulting or in any way associated with activities of the program. I have read and fully understand the release form. Before registration in this program is valid, this release form must be signed by the participant's parent/guardian.

Signature of Parent/Guardian _____ Date _____

VI. Confidentiality Release

I, the undersigned, hereby authorize the Columbus Recreation and Parks Department to utilize photographs, videotapes, and voice recordings, of the participant to be used exclusively for promotion of Columbus Recreation and Parks program.

Signature of Parent/Guardian _____ Date _____